Recognizing Abuse and Neglect

Physical Indicators of Abuse

- Bruises
- Burns
- Cuts
- Lacerations
- Broken bones
- Sprains
- Abrasions
- Vaginal or rectal pain
- Bleeding from the ears, nose or mouth
- Frequent urinary tract infections or yeast infections
- Painful urination
- Abrasions, bleeding, or bruising in the genital area
- Incontinence in someone who was previously toilet-trained
- Frequent sore throats
- Sudden onset of psychosomatic complaints (males most frequently complain of stomach aches while females most frequently report headaches)
- Sudden difficulty walking or sitting

Behavioral Indicators

- CHANGES in the way affection is shown, especially if unusual or inappropriate
- Suddenly fears being touched
- Sudden onset of nightmares
- CHANGES in sleep patterns; difficulty sleeping
- Sudden regression to childlike behaviors (i.e., bed-wetting, thumb-sucking)
- Sudden unusual interest in or knowledge of sexual matters (including excessive masturbation)
- *Cruelty to animals*
- Sudden fear of bathing or toileting
- Sudden fear of a person or place
- Depression, withdrawal, or mood swings
- ANY UNEXPLAINED CHANGE IN BEHAVIOR

Physical Signs of Abuse: Questionable Bruises

Bruises are among the most common injuries found in children and adults with developmental disabilities who have been abused.

It is important to remember that occasional bruising is also common in people who are not abused, and that people with some disabilities may be prone to bruising for other reasons. Here are some of the more common bruises that may indicate signs of abuse:

- Facial
- Frequent, unexplained, or inadequately explained
- *In unlikely places*
- In various stages of healing
- On several difference surface areas
- Patterned, reflecting shapes
- Bilateral: means bruises on same places on both sides of the body. Bruises would appear on both upper arms, for example, may indicate where the abuser applied pressure while forcefully shaking the person. Bruises on both sides of the body rarely result from accidental causes.
- Regularly evident after an absence, visitation, or vacation

Other Physical Indicators of Abuse

The following are some other physical indicators of abuse or neglect of persons with developmental disabilities. In each case, other indicators such as behavior and circumstances must be considered.

Questionable abrasions or lacerations

- Frequent, repetitive, unexplained, or inadequately explained scrapes
- Atypical locations such as mouth, lips, gums, eyes, external genitalia (e.g., places other than palms, knees, or other areas usually covered by clothing)
- Patterned scarring that may be due to inflicted injuries such as whipping

Burns or scalds

- Patterned burns(e.g., shaped like a cigarette butt or electrical appliance)
- Burns in specific locations such as several burns on different parts of the body or on particularly sensitive locations, such as soles, palms, back, or buttocks
- Immersion burns, which appear sock-like, glove-like, or doughnut-shaped on buttocks, genitalia, or limbs

Bites

- Human bite marks are easily distinguished from those of animals by their size and shape, and whether flesh is torn.
- If bites are explained as self-inflicted, the location and position of the bite must be consistent with the person's functional abilities.

Ligature marks and welts

- Could be the result of whipping
- Welts often follow clearly defined stroke patterns, especially if the person was immobile during the whipping
- Chafing and bruising, sometimes accompanies by swelling, on the wrists, ankles, throat, or penis can be the result of being tied up or choked

• Even when choking is severe or fatal, bruising may be faint or entirely absent

Eye and ear injuries

- Sudden or unexplained hearing loss
- Cauliflower ears (i.e., thickened external ear structures)
- Bruising to the outer ears
- Blood behind the eardrum
- Retina hemorrhage or other intraocular bleeding

Dental and mouth injuries

- Lost or broken teeth, particularly if unrelated to dental disease, normal loss of children's teeth, or accidental causes
- Repeated, unexplained, or inadequately explained dental injuries
- Facial bone or jaw fractures
- Bruising of cheeks and gums at corners of mouth (from gags)
- Contusions or lacerations of the tongue
- Discoloration of the teeth as a result of previous abuse

Dislocations of joint injuries

- Repeated dislocations of joints in the absence of a known disease process may indicate shaking, twisting, or pulling
- Frequent or multiple dislocations in the absence of a clear explanation may indicate physical abuse

Fractures:

- Repeated or multiple fractures in the absence of a known disease process or clear explanation may indicate abuse
- *Old, untreated fractures can indicate chronic abuse*
- Spiral fractures that result from twisting limbs may be related to abuse in nonambulatory children and adults with developmental disabilities

Coma: Shaking and other forms of abuse can result in coma of undetermined origin without external injuries. Comas not associated with known accidental causes or clearly identified disease processes should also be suspect.

Distinguishing Abuse from Accidental Injury

Accidents happen with everyone, including people with developmental disabilities. The following is a guide to help distinguish between accidental and non-accidental injuries. When observing an injury that might be the result of abuse, consider these factors:

Location of the injury:

Certain locations on the body are more likely to sustain accidental injury. These include the knees, elbows, shins, and forehead. Protected body parts and soft tissue areas, such as the back, thighs, genital area, buttocks, back of legs, or face, are less likely to accidentally come into contact with objects that could cause injury.

Number and frequency of injuries:

The greater the number of injuries, the greater the cause for concern. Unless the person is involved in a serious automobile accident, he/she is not likely to sustain a number of different injuries accidentally. Multiple injuries in different stages of healing are also a strong indicator of chronic abuse.

Size and shape of the injury:

Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, a hair brush. The marks which result bear a strong resemblance to the objects used. Accidental marks resulting from bumps and falls usually have no defined shape.

Description of how the injury occurred:

If an injury is accidental, there should be a reasonable explanation of how it happened that is consistent with the appearance of the injury. When the description of how the injury occurred and the appearance of the injury are inconsistent, there is cause for concern. For example, it is not likely that a person's fall from a wheelchair onto a rug would produce bruises all over the body.

Consistency of injury with the person's developmental capability:

As children grow and gain new skills, their ability to engage in activities that can cause injury increases. A toddler trying to run is likely to suffer bruised knees and a bump on the head. Toddlers are less like to suffer a broken arm than an eight-year-old who has discovered the joy of climbing trees.

Behavioral Signs of Abuse

Behavioral signs can be extremely important in detecting abuse and neglect, especially in people who have communication challenges and are unable to verbally disclose abuse, neglect, or exploitation. In many cases, physical signs of abuse may not yet be present or apparent, and behavioral signs are the first indicators. Usually it is a combination of physical and behavioral abnormalities that can be detected in abused persons with developmental disabilities. Here are some of the behavioral indicators of possible abuse:

Aggressive behavior

- *Is widespread among victims of abuse*
- May imitate the aggression committed against the abused person (e.g., the child who is whipped may whip smaller children)
- May generalize to other forms of aggression, such as yelling or hitting others

• May be exhibited through excessively violent drawings, stories, or play

Atypical attachment

- Children who have been abused often appear insecure with strangers, and compulsively seek the presence and attention of their primary caregivers, yet may express little affection towards them
- A preschooler may cling to his mother and cry excessively both when she leaves him and when she returns
- The person who has been abused may be uncomfortable with physical contact with anyone

Disclosure

- Direct disclosures of abuse, neglect, or exploitation are powerful evidence, even when some details are incorrect.
- Complaining of soreness or pain when unrelated to disability or illness.
- All disclosures should be given attention and referred to the appropriate authorities for full evaluation.

Fearfulness

Victims of abuse often appear fearful of others:

- Fear can be specific to the abuser, but may generalize to other people
- Fear may be age or gender-specific (e.g., the child who turns away and raises his or her arms as if to ward off a blow whenever an adult nearby makes a sudden move)
- The person may be afraid to go home, or afraid to leave home
- The child may be afraid to change clothes for gym activities (may be attempting to hide injuries, bruises), or may be afraid to take off a long-sleeved shirt even in the heat

Learning Disabilities

Difficulty learning can be a result of abuse for complex reasons. Much of the child's energy is directed toward surviving the abuse and coping with stress. This leaves little energy for learning or other typical childhood activities. Psychotherapy, or other appropriate treatments, can lead to improvement for those whose learning disabilities resulted from their psychological response to abuse.

Noncompliance

People who are abused often become noncompliant. Noncompliance:

- May be a generalized response to frustration, or an effort to gain personal control
- May be aimed at avoidance of the abuser or the abusive situation
- Can take the form of chronically running away (adolescents)

Regression

Often children who are abused behave like younger children. This form of regression:

- May reflect their inability to move through normal stages of development in the face of intense anxiety
- Could reflect a mechanism of escape
- Can be limited to affective and interpersonal behavior
- Can extend to developmental skills such as toileting (e.g., a child who was previously toilet trained may begin to have accidents after experiencing abuse)

Sleep disturbance

- Having nightmares or trouble getting to sleep are characteristic of abused persons
- This can lead to further abuse due to caregiver frustration and loss of sleep

Withdrawal

- People who are abused often withdraw from others and spend much of their time alone
- Sometimes the withdrawal is related to depression
- Sometimes the person will alternate between withdrawal and aggression
- Aggression may be the person's way of discouraging interaction with others. For example, an abused child may keep to himself and avoid other children, but become aggressive when unable to avoid interaction

(Source: Abuse and Neglect of Children and Adults with Developmental Disabilities: A Web Course for Health and Other Professionals, Virginia Commonwealth University, 2005.)